

Erie County Department of Health

Patient Satisfaction Survey

Instructions: Please complete the following survey. Your responses will be used to improve our services. All responses are anonymous. Thank you for your time.

Which clinic did you attend?

- ☐ STD
☐ TB
☐ Immunization
☐ Family Planning



Please check the box for how well you think we are doing	GREAT 5	GOOD 4	OK 3	FAIR 2	POOR 1
1. Convenience of the clinic location (Consider travel time, access by public transportation, and parking)					
2. Accessibility of the office (Is the office easy to find, are stairs or elevators readily available, is handicapped entrance adequate)					
3. Hours clinic is open					
4. Time spent waiting to see a provider (Physician, Physician Assistant, Nurse Practitioner, Nurse)					
5. Time spent with the provider (Physician, Physician Assistant, Nurse Practitioner, Nurse)					
6. Cleanliness of the office, including the reception area and examination rooms					
7. Courtesy of the staff					
8. Cost & how payment is collected					
9. Quality of the care you received					
10. Keeping my personal information private					

Will you refer your friends and relatives to this clinic? ☐ Yes ☐ No

Do you consider this clinic your regular source of care? ☐ Yes ☐ No

What do you like best about our clinic?

What do you like least about our clinic?

If you would like to be contacted about your responses, please include your name, e-mail and telephone number here:

Thank you for completing this survey!
Please hand in this survey to any staff member at the clinic or mail to:
608 William Street, Buffalo, NY 14206